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	PLACE OF BIRTH ARIZONA STATE BOARD OF HEALTH
	County of Bureau OF VITAL STATISTICS. State Index 113
	District of Original CERTIFICATE OF BIRTH. Co. Register No./10
	Town of Local Registrar's No. 2 3
	City of
	(NoSt;Ward) (Born) YES
	FULL NAME OF CHILD Alive
•	If child is not named, make Supplemental Report on blank obtainable from local registrar.
	Sex of Twin. Child female Triplet of birth and State of birth (Month) (Day) (yr.)
	Full FATHER Maiden MOTHER
	Name Byzon B. Myatt Name Rula M. Halleday
	Residence Geronius
	Color Age at last 2/ Color or Race 2 1 Birthday Birthday
	Wests) Righthulage
	Alabama Aruona
	Occupation To-
	Number of children, of this mother, now living / Were precautions taken against Ophthalmia neonaturum?
٦	Rumber of child of falls mother,
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
0	I hereby certify that I attended the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and that it occurred optimized in the birth of above child; and the
*	*When there is no attending physic
٠	Given or christian name added from a
•	supplemental report 191 Filed Logar 191 3 Mrs. R. C. Dryden
	COUNTY REGISTRAR. COUNTY REGISTRAR. COUNTY REGISTRAR.